


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A06000000578 1. Entity Name THE C & B FREEDLAND FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business % CURTIS P. FREEDLAND 6629 THOROUGHbred LOOP ODESSA FL 33556	Mailing Address % CURTIS P. FREEDLAND 6629 THOROUGHbred LOOP ODESSA FL 33556
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/07)

4. FEI Number 20-4837373	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRENNAN, MANNA & DIAMOND, P.L. 76 SOUTH LAURA STREET, STE. 2110 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and date if applicable

FILE NOW!!! Fee is \$500.* After May 1, 2008, fee will be \$900.*** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000017126	STREET ADDRESS	
NAME	BARBARA S. FREEDLAND, LLC	CITY-ST-ZIP	
STREET ADDRESS	6629 THOROUGHbred LOOP		
CITY-ST-ZIP	ODESSA FL 33556		
DOCUMENT #		STREET ADDRESS	U000000930781
NAME		CITY-ST-ZIP	05/21/08-80122-020 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Barbara S. Freedland* **4/20/08 (813) 920-8151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE